

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor : Theodore P. Adams	RECEIVED MAR 24 2004 OFFICE OF PETITIONS Group Art Unit: 3736 Examiner: N/A/
Appln. No. : 09/834,332	
Filed : April 13, 2001	
Title : IMPLANTABLE MIDDLE EAR ASSIST SYTEM USING PIEZOELECTRICAL TRANSDUCER FILM	

**DECLARATION AND POWER OF ATTORNEY
FOR UTILITY PATENT APPLICATION
(37 C.F.R. § 1.63)**

As a below named inventor, I hereby declare that my mailing address and citizenship are as stated below.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

IMPLANTABLE MIDDLE EAR ASSIST SYTEM USING PIEZOELECTRICAL TRANSDUCER FILM

the specification of which:

- ☐ is attached hereto OR
☒ was filed on 4/13/2001 as United States Application Number 09/834,332 or PCT International Application Number and amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information known to me that is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

POWER OF ATTORNEY

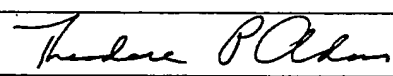
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

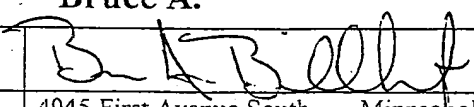
Philip M. Goldman, Registration No. 31,162; James R. Haller, Registration No. 24,906; Steven J. Keough, Registration No. 33,190; Thomas L. McMasters, Registration No. 45,593; Alicia Griffin Mills, Registration No. 46,933; Adonis Neblett, Registration No. 32,358; Charles D. Segelbaum, Registration No. 42,138; Mary P. Bauman, Registration No. 31,926; Eric J. Snustad, Registration No. 45,120; and David C. West, Registration No. 35,735; Craig F. Taylor, Registration No. 40,199; Allen W. Groenke, Registration No. 42,608.

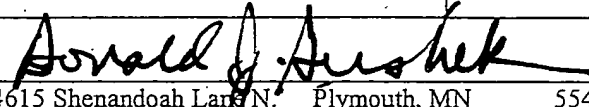
PLEASE DIRECT ALL CORRESPONDENCE TO:

Name	Alicia Griffin Mills
Address	FREDRIKSON & BYRON, P.A. 1100 International Centre 900 Second Avenue South Minneapolis, MN 55402
Telephone	612-347-7182
Fax	612-347-7077

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Sole or First Inventor:			
Given Name (First and middle)		Family Name or Surname	
Theodore P.		Adams	
Inventor's Signature			Date: 11-6-01
Residence	4618 Edgebrook Place Edina, MN 55424		Citizenship: U.S.
	Address	City, State	Zip
Post Office Address	c/o St. Croix Medical, Inc., 5301 East River Road, Suite 113, Minneapolis, MN 55421		

Second Inventor:			
Given Name (First and middle)		Family Name or Surname	
Bruce A.		Brillhart	
Inventor's Signature			Date: 25 August 2001
Residence	4945 First Avenue South Minneapolis, MN 55409		Citizenship: U.S.
	Address	City, State	Zip
Post Office Address	c/o St. Croix Medical, Inc., 5301 East River Road, Suite 113, Minneapolis, MN 55421		

Third Inventor:			
Given Name (First and middle)		Family Name or Surname	
Donald J.		Bushek	
Inventor's Signature			Date: 29 Aug 01
Residence	4615 Shenandoah Lane N. Plymouth, MN 55446		Citizenship: U.S.
	Address	City, State	Zip
Post Office Address:	c/o St. Croix Medical, Inc., 5301 East River Road, Suite 113, Minneapolis, MN 55421		

Fourth Inventor:			
Given Name (First and middle)		Family Name or Surname	
Kai		Kroll	
Inventor's Signature			Date:
Residence	4032 Aldrich Avenue South Minneaolis, MN 55406		Citizenship: U.S.
	Address	City, State	Zip
Post Office Address	c/o St. Croix Medical, Inc., 5301 East River Road, Suite 113, Minneapolis, MN 55421		

Third Inventor:		
Given Name (First and middle)		Family Name or Surname
Donald J.		Bushek
Inventor's Signature	Date:	
Residence	4615 Shenandoah Lane N. Plymouth, MN 55446	Citizenship: U.S.
	Address City, State Zip	
Post Office Address	c/o St. Croix Medical, Inc., 5301 East River Road, Suite 113, Minneapolis, MN 55421	

Fourth Inventor:		
Given Name (First and middle)		Family Name or Surname
Kai		Kroll
Inventor's Signature	Date: 9/24/01	
Residence	4032 Aldrich Avenue South Minneaolis, MN 55406	Citizenship: U.S.
	Address City, State Zip	
Post Office Address	c/o St. Croix Medical, Inc., 5301 East River Road, Suite 113, Minneapolis, MN 55421	